

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BMT	70385	
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	DB	65373	6/11/00
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	✓	✓	3/02
2	✓	✓	3/03
3	✓	✓	9/03
4	✓	✓	
5	✓	✓	
6	✓	✓	1/12
7	✓	✓	1/12
8	✓	✓	1/12
9	✓	✓	1/12
10	✓	✓	1/12
11	✓	✓	1/12
12	✓	✓	1/12
13	✓	✓	1/12
14	✓	✓	1/12
15	✓	✓	1/12
16	✓	✓	1/12
17	✓	✓	1/12
18	✓	✓	1/12
19	✓	✓	1/12
20	✓	✓	1/12
21	✓	✓	1/12
22	✓	✓	1/12
23	✓	✓	1/12
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25	✓	✓	1/12
26	✓	✓	1/12
27	✓	✓	1/12
28	✓	✓	1/12
29	✓	✓	1/12
30	✓	✓	1/12
31	✓	✓	1/12
32	✓	✓	1/12
33	✓	✓	1/12
34	✓	✓	1/12
35	✓	✓	1/12
36	✓	✓	1/12
37	✓	✓	1/12
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41	✓	✓	1/12
42	✓	✓	1/12
43	✓	✓	1/12
44	✓	✓	1/12
45	✓	✓	1/12
46	✓	✓	1/12
47	✓	✓	1/12
48	✓	✓	1/12
49	✓	✓	1/12
50	✓	✓	1/12

If more than 150 claims or 10 actions  
staple additional sheet here

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